HARTFORD HEALTH DEPARTMENT 543-8815

Permit Number:			TYPE OF VEHICLE:	
Venc	dor Trade Name:		License Plate # :	
Owner's Address:			Telephone: ()	

		VENDOR I	HEALTH CHECKLIST	
-	_ Menu Clearly Visible w	ith prices.	Classification:	
	Payment and Photo Id	entification confirmed.		
	Current motor vehicle	registration. No temporary regis	stration allowed.	
-	Proper ID on both side	s of vehicle. <i>Vendor trade name</i>	and town of origin	
	ID letters at least 1" (one inch) in height, permanently fixed to vehicle. Vehicle properly cleaned and free of odors. All equipment cleaned and operable. Stove, Grilles, refrigerators and sinks.			
	Grilles enclosed and pr	operly vented.		
	Proper provision for ha	nd washing and drainage. <i>Pre-ma</i>	istened towelettes are allowed <u>only</u> for hot dog carts.	
	Hot and cold water pro	vided (or tempered water at above	e 110 F) for both hand wash and utensil cleaning.	
	All foods held at prope	r temperatures (above 140 F or bel	ow 45 F).	
	Covered trash containe	rs present.		
	Cleaners and chemicals	s properly stored away from food p	preparation area.	
	Adequate utensils provided for food service (spoons, ladles, scoops, etc.).			
	Fish vendors - no gu	tting or scaling of fish unless a	approved utensil and hand washing system is installed.	
Date:		Health Approval:	Sanitarian:	
			: 1.1	
****	**************	HARTFORD FIRE I	**************************************	
Manii	facturer		HENNING STATE (INC.) - [10] : [1] [1] : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
Vehicl	e Registration Number:	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
Date: _		FIRE APPROVAL/NOT APPRO	OVED Fire Inspector:	
Reaso	ns for <u>not</u> approving:			